

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Bickel-62-037580

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 14

Primary Registration District No. 5065

Registrar's No. 12

STATE FILE NUMBER

FILED NOV 7 1962

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Ozark Twsp.

Length of stay in 1b

75 Yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION At Home 3 Miles North
Mindenmines

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barton

Inside Limits

Yes ☐ No ☒

c. CITY

OR
TOWN Ozark Twsp.

Reside on Farm

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
Mindenmines3. NAME OF DECEASED
(Type or print)

First

JOHN

Middle

H.

Last

LASLEY

4. DATE
OF DEATH

Month

Day

Year

Oct. 30, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 8, 1887

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Mindenmines, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Matthew Lasley

13b. MOTHER'S MAIDEN NAME

Margaret Coughneour

14. NAME OF HUSBAND OR WIFE

Mary E. Lasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mary E. Lasley, Mindenmines, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

Sudden Death

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

acute myocardial infarction Dec 6, 1961

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 8, 1961, to Oct 30, 1962 and last saw him alive on Oct. 23, 1962
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Jern T. Bickel, M.D.

22b. ADDRESS

Lamar, Missouri

22c. DATE SIGNED

9/31/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Nov. 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

Rosebank

23d. LOCATION (City, town, or county)

Mulberry, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Konantz Funeral Home, Lamar, Missouri

25. DATE RECD. BY LOCAL REG.

Nov. 1, 1962

26. REGISTRAR'S SIGNATURE

Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.